

**INSTRUCTIONS TO COMPLETE THE SUBSIDIZED CHILD CARE
PARENT/CARETAKER OVERPAYMENT REFERRAL (OIG 761)**

Eligibility Agency Eligibility Agents will complete the Subsidized Child Care Parent/Caretaker Overpayment Referral (OIG 761) when referring a subsidized child care overpayment that involves a parent/caretaker. Complete the OIG 761 as follows:

DATE OF REFERRAL – Enter the date (mm/dd/yyyy) when referring the overpayment to the Office of Inspector General.

TYPE OF REFERRAL – Indicate whether the referral involves suspected fraud or non-fraud AND if the referral is the initial referral or follow-up. If follow-up referral, check the appropriate reason for follow-up referral.

ELIGIBILITY STATUS – Indicate whether or not the family file is active and the family is receiving subsidized child care benefits on behalf of one or more children.

CASE FILE IDENTIFICATION

CO – Enter the Eligibility Agency two-digit county code.

ELIGIBILITY AGENCY RECORD NO. – Enter the seven-digit case record number (the seven digits that follow the two-digit county code).

DISTRICT OFFICE – Enter the office location of the Eligibility Agency. (Examples: “CCIS of Philadelphia, NW” or “CCIS of Philadelphia, NE.”)

PARENT/CARETAKER INFORMATION

NAME – Enter the first name, middle initial, and last name of the individual who completes, signs, and dates the application for participation in the subsidized child care program.

DATE OF BIRTH – Enter the date of birth (mm/dd/yyyy) of the individual who completes, signs, and dates the application.

ADDRESS – Enter the resident address of the parent/caretaker, including the street number, box number, city, state, and zip code.

SSN – Enter the social security number of the parent/caretaker.

TELEPHONE NUMBER – Enter the telephone number of the parent/caretaker.

DOES THE PARENT/CARETAKER HAVE A PRIOR DISQUALIFICATION? – Enter a check mark in the appropriate box to indicate if the parent/caretaker had a prior disqualification.

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IF YES, HOW MANY PRIOR DISQUALIFICATIONS? – If the parent/caretaker has prior disqualifications, enter the number of prior disqualifications for the parent/caretaker.

DOCUMENTS AVAILABLE FOR REVIEW – Check the appropriate block(s) for forms or documents that are in the case file or available for Office of Inspector General review.

CY 868 – Application for Subsidized Child Care
CY 878 – Medical Assessment form for Parent/Caretaker Disability
CY 880 – Authorization for Information
CY 924 – Education Verification Form
CY 925 – Employment Verification Form
CY 930 – Training Verification Form
Attendance Invoice
Case File Narratives, Including Collateral Contact Documentation
Enrollment Summary
Notice of Adverse Action
Payment Summary
Redetermination Form
Repayment Agreement Documentation
Self-Certification Documentation
Self-Declaration Documentation

OVERPAYMENT INFORMATION

AMOUNT OF OVERPAYMENT - Enter the total amount of the overpayment. Complete only if information is known to the Eligibility Agency through documentation.

BALANCE STILL DUE – Enter the remaining balance of the overpayment (if applicable). This will be the same as the amount of overpayment, unless the Eligibility Agency partially collected the claim.

DATE CLAIM IDENTIFIED – Enter the date (mm/dd/yyyy) the Eligibility Agency first became aware of a possible overpayment, such as the date a tip was received.

DATE CLAIM VERIFIED – Enter the date (mm/dd/yyyy) the Eligibility Agency had all the verification necessary to support the overpayment.

BEGIN DATE OF OVERPAYMENT – Enter the date when the overpayment began as described in the Subsidized Child Care Handbook.

END DATE OF OVERPAYMENT – Enter the date when the overpayment ended as described in the Subsidized Child Care Handbook.

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REASON FOR REFFERAL – Describe the circumstances that prompted the need for the initial or follow-up referral.

ELIGIBILITY AGENCY NAME – Enter the name of the Eligibility Agency where the Eligibility Agent is located.

ELIGIBILITY AGENCY ADDRESS – Enter the street number, box number, city, state, and zip code of the Eligibility Agency.

ELIGIBILITY AGENCY CONTACT NAME – Enter the name of the Eligibility Agent the Office of Inspector General may contact regarding the referral, if necessary.

CONTACT TELEPHONE NUMBER – Enter the telephone number of the Eligibility Agent.

Obsolete